

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/247,406	02/10/99	435	1643	HS105

APPLICANT: MICHAEL CAPLAN, WOODBRIDGE, CT.

CONTINUING DOMESTIC DATA***

VERIFIED

Mike Hahn

371 (NAT'L STAGE) DATA***

VERIFIED

Mike Hahn

BEST AVAILABLE COPY

REIGN APPLICATIONS*****

VERIFIED

Mike Hahn

IN FILING LICENSE GRANTED 03/03/99

***** SMALL ENTITY *****

claimed (a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
Acknowledged Examiner's Initials	<i>TPW</i>	CT	0	88	4

SEA L PABST

HL GOLDEN & GREGORY
ONE ATLANTIC CENTER
WEST PEACHTREE STREET
ATLANTA GA 30309-3450

D FOR ALTERING UNDESIRABLE IMMUNE RESPONSES TO POLYPEPTIDES

FEES: Authority has been given in Paper
No. _____ to charge/credit DEPOSIT ACCOUNT
NO. _____ for the following:

- All Fees
- 1.16 Fees (Filing)
- 1.17 Fees (Processing Ext. of
- 1.18 Fees (Issue)
- Other _____
- Credit